

## **RESIDENTIAL HABILITATION INTENSIVE (RHI FORMERLY CLI)**

### **General Description:**

Residential Habilitation Intensive (RHI) is a residential service designed to assist a person with the most dangerous and pervasive maladaptive behaviors. These are persons with exceptional care needs who's service, as a result, entails additional expenses such as increased staff wages, staff recruitment, increased staff injuries Workers' Compensation expenses, environmental modifications for increased safety for the person, additional administrative oversight due to the intensity of the person receiving services, and enhanced staff training.

RHI services support the person to gain and/or maintain skills to live as independently as possible and fully participate in a community setting of their choosing, based on the goal for community living contained in the person's support plan, and to avoid isolation in their homes or communities. RHI provides support, supervision, training and assistance for people to live in licensed and/or certified residential settings. The person's support plan identifies the type, frequency, and amount of support required by the person based on the person's requirements. RHI may not be provided in a Nursing Facility (NF), or an Intermediate Care Facility for Individuals with Mental Retardation (ICF/MR). RHI services include daily supports to maintain individual health and safety, and assistance with activities. Services give persons with disabilities an alternative to institutional or other community living settings. The person's support plan identifies the type, frequency, and amount of support required by the person based on their requirements. Supports can include up to 24 hours of supervision but the actual hours of direct care staff support will be indicated in the person's budget worksheet. The RHI worksheet contains the authorized rates for each person. RHI is available to those who live alone or with roommates. RHI includes maintenance of a person's health and safety; and assistance with activities of daily living, such as eating, bathing, and dressing. The following services are included as part of the RHI code and will not be reimbursed separately:

Chore Services (**CH1, CH2**)

Companion Services (**COM**)

Homemaker Services (**HS1 & HSQ**)

Personal Assistance (**PAC**)

Routine, Non-medical Transportation (**DTP**)

Persons are excluded from receiving the following services and RHI: (Cannot bill for RHI and the codes listed above and below in bold)

Adult Foster Care (**AFC**)

Community Service Broker (**CSB**)

Consumer Preparation (**PAP**)

Family Training and Preparation Services (**TFA**)

Family and Individual Training and Preparation Services (**TFB**)

Host Home Support (**HHS**)

Professional Parent Supports (**PPS**)

Residential Habilitation Support (previous Community Living Support) (**RHS**)

Respite (**RP1, RP2, RP3, RP4 & RP5,**)

Supported Living (**SLA, SLH & SLN**)

Family Training and Preparation Services (TFA) and Family and Individual Training and Preparation Services (TFB) may be made available to persons when an exceptional care need exists, after the review and approval of the Regional Director of the DHS/DSPD region where the person is residing.

### **Limitations:**

RHI is available only to those persons approved by the region director or other division designee as the most difficult to serve across the region. A Contractor who wish to begin or continue RHI services must submit the DHS/DSPD form titled, "RHI Request and Evaluation," to the region director annually by March 31st.

### **Population Served:**

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), as defined in Utah Administrative Code R539-1. [http://rules.utah.gov/publicat/code/r539/r539.htm]

**Contractor's Qualifications:**

Contractor must have all applicable licenses or certifications as prescribed in Utah Administrative Code R501 http://rules.utah.gov/publicat/code/r501/r501.htm to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits governing the type of service provided.

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor must also agree to participate in any DHS/DSPD provided Medicaid training.

Contractor shall be under a DHS/DPSD contract to provide RHI and certified by DHS/DSPD.

Contractor must assure that staff providing services for people receiving RHI services receive some additional training, competency testing, salary, or other benefit above and beyond staff who provide Residential Habilitation Support (RHS). Such training or competency shall be related to best practices for working with a person who exhibits dangerous and/or pervasive maladaptive behaviors.

Contractor shall provide emergency procedures for fire and other disasters that require the development and posting of an evacuation plan for site based services and quarterly training on evacuation procedures and documentation of quarterly evacuation drills.

Contractor shall disclose room and board charges and food stamps or other income not originating with DHS/DSPD.

Contractor shall assure the presence of staff at each licensed site who is responsible for supervision of the day to day operations of the site and for operation of the program.

**Administrative Requirements**

- A. Policies and Procedures: Contractor shall have established policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:
- a. Establish the amount of time family or friends may stay as overnight guests
  - b. Disclose board and room charges and food stamps or other income not originating with DHS/DSPD
  - c. For residential Contractor, include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each residential site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills.
  - d. Govern the handling, storage, disposal and theft prevention of medication
  - e. Provide procedures regarding the nutrition of the person.

**Staff Qualifications:**

Staff shall demonstrate competency in providing RHI services, as determined by the Contractor. In addition, all applicable education, and training shall be completed before performing any work for persons without supervision.

RHI staff shall be trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Contractor's staff shall pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record.  
<http://rules.utah.gov/publicat/code/r501/r501-14.htm>

RHI staff shall be at least 18 years of age.

#### **Specific Staff Training**

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas one through eight within 30 days of employment or before working alone with a person. Staff shall complete and achieve competency in training areas 9 through 12 within six months of employment. Staff competency may be validated through Center for Medicaid Services Waiver service reviews, Utah Department of Health reviews, and DHS/DSPD staff reviews.

1. Medication competency:
  - a. Identification of common medications, their effects, purpose and side effects,
  - b. Identification of medications and medication side effects specific to the person,
  - c. Recording and documentation of self-administration of medications, and
  - d. Training on commonly used medications including the reason and circumstance for administration, dose, and scheduling.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Principles of age appropriate community inclusion and natural support development specific to the person.
7. Preferences and non-negotiable routines specific to the person.
8. Significant functional limitations and disabling conditions specific to the person.
9. Key elements of the Americans with Disabilities Act.
10. Person centered assessment and plan development.
11. How to develop and support the person's preferred recreation and leisure activities.
12. Basic concepts of good nutrition.

Staff providing services for people receiving RHI services shall receive additional training, competency testing, salary, or other benefit above and beyond staff who provide Residential Habilitation Support (RHS). Such training or competency shall be related to best practices for working with a person who exhibits dangerous and/or pervasive maladaptive behaviors.

RHI staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record (<http://rules.utah.gov/publicat/code/r501/r501-14.htm>).

RHI staff must be at least 18 years old.

**Direct Service Requirements:**

A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). These shall include a Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, and Data Collection and/or Task Analysis sheet for skill training or other support.
2. Once the ISP/AP has been developed, the Contractor must orient the person to that part of the plan that is applicable to the Contractor and ensure the person is involved in its implementation.
3. The Contractor shall develop and implement Support Strategies for the person. Contractor shall submit Support Strategies and Monthly Summaries to DHS/DSPD.
4. The Contractor, as a member of the person's team, is required to assist in assessments and meet at least annually (within 12 months of the last Person Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

B. Psychotropic Medications

1. Psychotropic Medications include any drug prescribed to stabilize or improve mood, mental status, or behavior.
2. For persons on psychotropic medications, the Contractor will complete a specific type of Support Strategy referred to as a Psychotropic Medication Plan that contains the following information:
  - a. Identification of the specific medication by its generic or brand name; the date on which the medication was commenced or is to be commenced, and dosage as determined by a qualified medical professional.
  - b. Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS).
  - c. A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications.
  - d. Identification of other support and services that are available and would be useful in the treatment of the targeted behavior or symptom and/or any related illness or condition of the person. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies (for example, blood work to check lithium serum, CBC, liver function).

C. Person's Personal Funds

1. In the event of an emergency situation, a Contractor may write a check to the person or the person may borrow money from the Contractor. The person's support team must be notified and grant approval of the Contractor's actions. The Contractor's staff must document the emergency and the person's support team approval and maintain this documentation in the person's record. The Contractor shall have policies and procedures in place to make sure a person does not continuously owe the Contractor money due to emergency situations.

2. A person shall not give cash to or make purchases from the Contractor or Contractor's staff. A person shall not write checks to the Contractor's staff. Only in cases of emergency, may a person write a check to repay a loan made by the Contractor. Contractor shall ensure the person has adequate access to personal finances in order to cover anticipated expenditures. The exceptions to persons making payments to the Contractor are as follows: a) reimbursement to the Contractor for destruction of property by the person, if approved by the team, and allowable by contract; and, b) room and board charges.
3. The Contractor's staff shall not loan or give money to a person. The Contractor shall not loan or give money to a person except in case of an emergency. A person shall not loan or give money to the Contractor's staff or the Contractor itself.
4. Belongings with a purchase price or value of \$50.00 or more shall be inventoried. The inventory shall also include other items of significance to the person, which may cost less than \$50.00. The inventory shall be maintained on an ongoing basis and reviewed annually. Discarded items shall be deleted from the inventory list. Documentation of the reason for the deletion of an item shall be maintained and shall require the signature of the person/representative and one Contractor staff or two Contractor staff if the person/representative is not available. Personal possessions shall be released to the person/representative whenever the person moves.

D. Health and Safety Requirements

1. Contractor shall assure that persons receive training, opportunities to seek and obtain routine and acute medical, dental, psychiatric, or other health-related services, as outlined in the Person Service Plan, as allowed by the person's Medicaid and insurance plans.
2. Contractor staff shall assure persons receive training and assistance to:
  - a. Identify primary health care practitioners;
  - b. Obtain dental and physical examinations;
  - c. Safely follow physician orders;
  - d. Know what prescribed medication is for, if the medication is the right dose, if the medication is taken properly, and know if the medication is taken according to the schedule prescribed by the person's physician; and,
  - e. Document the frequency, dosage, and type of medication taken.
3. Person health information including the following:
  - a. A record of all medical and /or dental examinations performed, including assessments, treatments, and prescribed medication(s);
  - b. A record of all surgeries, immunizations, illnesses, chronic complaints, and significant changes in health;
  - c. Authorization for any emergency medical treatment needed;
  - d. A record of all medication(s) taken by the person;
  - e. A record of all incidents requiring first aid and/or a referral to medical personnel or a health care facility;
  - f. A record of all medication errors; and,
  - g. A record of all accidents or injuries.
4. Medications shall be properly stored according to the person's needs and capabilities, as determined by the team.
5. Contractor staff shall immediately contact the appropriate medical professional to report the discovery of any prescribed medication error, including actual missed or suspected missed dosage, misadministration of medication, medication administered at the wrong time, or failure to follow laboratory survey schedule, etc.
  - a. Any medication errors that occur shall be documented in the person's file and reported to the Support Coordinator and Contractor Director or designee.

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6. Contractor shall notify the Support Coordinator and person representative within 24 hours of the development of a medical issue for any person, such as illness requiring medical appointments or an emergency room visit. This does not include medical appointments for general health check-ups.
  7. Any allergies the person has shall be recorded by Contractor staff in the person's medical record and disclosed to the person's primary physician.
- E. Health and Nutrition Requirements
1. Persons shall have kitchen privileges with access to food and ingredients. Kitchen privileges may be limited if approved by the Human Rights Committee, in the interest of the person's health.
  2. Contractor staff shall assist persons in planning meals to meet basic nutritional standards, special diets, food preferences, customs, and appetites.
- F. Transportation
1. Contractor shall provide routine transportation to shopping and other community activities, based on the Contractor's and team's reasonable, professional judgment.
  2. The Contractor shall check driver's driving record annually and shall assure that drivers with problematic records are not allowed to continue providing transportation as part of this service. Contractor shall check annually that drivers providing transportation in their personal vehicles have current/adequate auto insurance. Contractor shall keep documentation of this review and copies of the driver's record and auto insurance in the employee's file.
- Drivers make certain that:
1. Persons are not left unattended in the vehicle.
  2. Persons use seat belts and remain seated while the vehicle is in motion.
  3. Keys are removed from the vehicle at all time when the driver is not in the driver's seat unless the driver is actively operating a lift on vehicles that require the keys to be in the ignition to operate the lift.
  4. All persons in wheelchairs use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
  5. Persons are transported in safety restraint seats when required by Utah State law.
  6. Vehicles used for transporting persons have working door locks. Doors are locked at all times while the vehicle is moving.
  7. Persons arrive safely at the scheduled time and arranged destination, that no person is left alone along the way to or from day supports even in emergency situations or when the health and safety of others may be in question. If necessary during an emergency, the driver may wait until another driver arrives to complete the transport.
- G. Access to Community Services
1. Contractor shall assist the person in accessing community services and resources, including but not limited to finding housing, applying for food stamps, obtaining Social Security benefits, etc.

**Staff Support:**

RHI can include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff support, and other community living supports will be defined in the person's ISP/AP based on the person's selected housing arrangement and assessed needs.

**Rate:**

RHI is paid as a daily rate. RHI can include up to 24-hour direct care staff support. Generally, however, RHI is provided for up to 24-hours a day on holidays and weekends and for 18-hours per day on days when the person is in school, at work or receiving other daytime supports. Payments for residential services are not made for room and board, the cost of facility maintenance, routine upkeep or improvement. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment).